



MEMORANDUM

TO: Katherine Felton, Human Resources Director
FROM: Karl Clow - Electric Superintendent *KC*
DATE: May 9, 2016
REF: Reclassification Title Change – Tammy Sharp

I recommend changing Tammy Sharp's job title from Administrative Assistant to Administrative Assistant/Electric-Load Mgmt Coordinator. When I first asked about changing someone's classification it was told that they must have more responsibility. When Debra left, I felt that would justify the change because her work load has doubled. Just because Debra's title was an office assistant the end result is - Tammy is still responsible for it and it is more of a work load for her and more responsibility. Everyone's job is different, I feel that if other Administrative Assistants can get a pay increase and a title change she should too because she has worked for it and deserves it. She is very dedicated to her job.

Tammy has been running both offices for over two years now. Other than her normal workload she is scheduling appointments for Mack and Dennis, maintaining active work files for Weatherization, Energy Audits and Load Mgmt Switches. She is still responsible for everything else that is required of her to do. She needs no direct supervision. She is very professional with the public and everyone she has to deal with. She is very responsible and a great worker.

Electric Department
City of Elizabeth City, P. O. Box 347, Elizabeth City, NC 27907-0347

(21)

PAYROLL INPUT FORM



PLEASE ENTER THE FOLLOWING CHANGE(S) AS OF 4/25/16 DATE

EMPLOYEE NO. 8342 NAME Sharp, Tammy LAST, FIRST AND MIDDLE

DRIVER'S LICENSE # ☐ STATUS CHANGE ☐ DEDUCTION CHANGE ☐ OTHER

STATUS CHANGE	Job Title	Annual Salary	Bi-Weekly #Hours	Grade/Step	Non-Exempt Hourly Rate	Exempt Emp. Weekly Rate
From	<u>Administrative Assistant</u>				<u>15.834</u>	
To	<u>Adm. Assistant/Electric Load Mgmt Coordinator</u>				<u>17.834</u>	

REASON FOR CHANGE

☐ Hire ☐ Transfer ☐ Resignation ☐ Successful 6 Month Review ☐ Successful 12 Month Review (Police Only)
☒ Promotion ☐ Retirement ☐ Merit Increase ☐ HIRE DATE ☐ TERMINATION DATE ☐ MERIT EFFECTIVE DATE
☐ Demotion ☐ Discharge ☐ Cost-of-living Adjustment
☐ Other (reason or explanation)

Authorized by Karl Chew 5-2-16 Verified by _____ Approved by _____
 Department Head Date Human Resources Director Date City Manager Date
 This PIF has been pre-audited per NCGS 159-28(a). _____
 Finance Director Date

DEDUCTION CHANGE(S)

Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____

I hereby authorize the above amount(s) to be withheld from my salary.

EMPLOYEE SIGNATURE _____ DATE _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

FOR DATA PROCESSING PURPOSES ONLY:

Present Address _____ City _____ State _____
 Zip _____ SOC. _____ - _____ - _____ Position _____ GNL# _____
 Phone _____ Marital Status _____ Retirement # _____ Race Code _____ Sex Code _____
 Email Address _____ Cell # _____ Status _____ Pension _____
 Grade _____ Employee Type _____ Pay Frequency _____ Hours/Period _____ Regular Rate _____ FWT M/S _____
 FWT Allowances _____ FWT Add-on _____ SWT M/S/H _____ State Allowances _____ State Add On _____
 Birthdate _____ Hire Date _____ Full-time _____ Accrual Date _____ Review Date _____
 vac. Hrs. Due _____ Holiday Hrs. Due _____ Sick Hrs. Due _____ Multiple G/L Account? _____ Accrual Code _____

Prepared by _____ Verified by _____ Date Submitted to DP _____
 Human Resources Date Human Resources Director Date

DATA PROCESSING USE

Date Rec'd. _____ Keyed by 22 Edit by _____ Date _____

PAYROLL INPUT FORM



PLEASE ENTER THE FOLLOWING CHANGE(S) AS OF

7-4-14
DATE

EMPLOYEE NO.

8333

NAME

Valve, Jason

LAST, FIRST AND MIDDLE

0037631

DRIVER'S LICENSE #



STATUS CHANGE



DEDUCTION CHANGE



OTHER

STATUS CHANGE	Job Title	Grade/Step	Non-Exempt Hourly Rate	Exempt Emp. Weekly Rate
From	1st Class Line Tech		27.548	
To	(Same)		29.946	

REASON FOR CHANGE

Successful 6 Month Review

Successful 12 Month Review (Police Only)

HIRE DATE

TERMINATION DATE

MERIT EFFECTIVE DATE

Cost-of-living Adjustment

✓ Other (reason or explanation) Salary Adj. + 2% COLA

Authorized by

Department Head

Verified by

Human Resources Director

Approved by

City Manager

DEDUCTION CHANGE(S)

Deduction/Earning Type	Code	Frequency	Amount	Limit	Starting Date	Active Code

I hereby authorize the above amount(s) to be withheld from my salary.

EMPLOYEE SIGNATURE _____ DATE _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

FOR DATA PROCESSING PURPOSES ONLY:

Present Address	City	State
Zip	SOC	Position
Phone	Marital Status	Retirement #
EEO Category	EEO Function	Class Code
Grade	Employee Type	Pay Frequency
FWT Allowances	FWT Add-on	SWT M/S/H
Birthdate	Hire Date	Full-time
Vac. Hrs. Due	Holiday Hrs. Due	Sick Hrs. Due
		Multiple G/L Account?
		Accrual Code

Prepared by

Key 6/11/14
Human Resources Date

Verified by

Key 6/11/14
Human Resources Director Date

Date Submitted to DP

6/11/14

DATA PROCESSING USE

Date Rec'd.

6/11/14 Case 2:23-cv-00052-FL Document 1-2 Filed 09/11/23 Page 4 of 9

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ROLL INPUT FORM



PLEASE ENTER THE FOLLOWING CHANGE(S) AS OF 07-04-14
DATE

EMPLOYEE NO. 5807

NAME Jones, David T
LAST, FIRST AND MIDDLE

0037636

DRIVER'S LICENSE # _____ ☒ STATUS CHANGE ☐ DEDUCTION CHANGE ☐ OTHER

STATUS CHANGE	Job Title	Grade/Step	Non-Exempt Hourly Rate	Exempt Emp. Weekly Rate
From	<u>2nd Class Line</u>	<u>Tech</u>	<u>18.889</u>	
To	<u>(Same)</u>		<u>21.930</u>	

REASON FOR CHANGE

☐ Hire ☐ Transfer ☐ Resignation ☐ Successful 6 Month Review ☐ Successful 12 Month Review (Police Only)
☐ Promotion ☐ Retirement ☐ Merit Increase ☐ HIRE DATE ☐ TERMINATION DATE ☐ MERIT EFFECTIVE DATE
☐ Demotion ☐ Discharge ☐ Cost-of-living Adjustment
☒ Other (reason or explanation) Salary Adj. + 2% COLA

Authorized by _____ Verified by KW 6/11/14 Approved by JDO 6/17/14
Department Head Date Human Resources Director Date City Manager Date

DEDUCTION CHANGE(S)

Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____

I hereby authorize the above amount(s) to be withheld from my salary.

EMPLOYEE SIGNATURE _____ DATE _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

FOR DATA PROCESSING PURPOSES ONLY:

Present Address _____ City _____ State _____
 Zip _____ SOC _____ Position _____ GNL# _____
 Phone _____ Marital Status _____ Retirement # _____ Race Code _____ Sex Code _____
 EEO Category _____ EEO Function _____ Class Code _____ Status _____ Pension _____
 Grade _____ Employee Type _____ Pay Frequency _____ Hours/Period _____ Regular Rate 21.930 FWT M/S
 FWT Allowances _____ FWT Add-on _____ SWT M/S/H _____ State Allowances _____ State Add-On _____
 Birthdate _____ Hire Date _____ Full-time _____ Accrual Date _____ Review Date _____
 Vac. Hrs. Due _____ Holiday Hrs. Due _____ Sick Hrs. Due _____ Multiple G/L Account? _____ Accrual Code _____

Prepared by KW 6/11/14 Verified by KW 6/11/14 Date Submitted to DP 7/4/14
Human Resources Date Human Resources Director Date

DATA PROCESSING USE

Date Rec'd. 6/20/2014 Keyed by EC 6/28/2014 Edit by W 7/28/14 (11)

MYROLL INPUT FORM



PLEASE ENTER THE FOLLOWING CHANGE(S) AS OF 07-04-14 DATE

EMPLOYEE NO. 8313 NAME Holley, Curtis LAST, FIRST AND MIDDLE 0037629

DRIVER'S LICENSE # _____ ☒ STATUS CHANGE ☐ DEDUCTION CHANGE ☐ OTHER

STATUS CHANGE	Job Title	Grade/Step	Non-Exempt Hourly Rate	Exempt Emp. Weekly Rate
From	Truck Driver/Gravels work		14.459	
To	(Same)		16.320	

REASON FOR CHANGE

☐ Hire ☐ Transfer ☐ Resignation ☐ Successful 6 Month Review ☐ Successful 12 Month Review (Police Only)
☐ Promotion ☐ Retirement ☐ Merit Increase ☐ HIRE DATE ☐ TERMINATION DATE ☐ MERIT EFFECTIVE DATE
☐ Demotion ☐ Discharge ☐ Cost-of-living Adjustment
☒ Other (reason or explanation) Salary Adj. + 2% COLA

Authorized by _____ Department Head _____ Verified by KW 6/11/14 Approved by JCO 6/11/14
Human Resources Director Date City Manager Date

DEDUCTION CHANGE(S)

Deduction/Earning Type _____ Code _____ Frequency _____

Amount _____ Limit _____ Starting Date _____ Active Code _____

Deduction/Earning Type _____ Code _____ Frequency _____

Amount _____ Limit _____ Starting Date _____ Active Code _____

Deduction/Earning Type _____ Code _____ Frequency _____

Amount _____ Limit _____ Starting Date _____ Active Code _____

Deduction/Earning Type _____ Code _____ Frequency _____

Amount _____ Limit _____ Starting Date _____ Active Code _____

I hereby authorize the above amount(s) to be withheld from my salary.

EMPLOYEE SIGNATURE _____ DATE _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

FOR DATA PROCESSING PURPOSES ONLY:

Present Address _____ City _____ State _____

Zip _____ SOC _____ Position _____ GNE# _____

Phone _____ Marital Status _____ Retirement # _____ Race Code _____ Sex Code _____

EEO Category _____ EEO Function _____ Class Code _____ Status _____ Pension _____

Grade _____ Employee Type _____ Pay Frequency _____ Hours/Period _____ Regular Rate 16.320 WTS

PWT Allowances _____ PWT Add-on _____ SWT M/S/H _____ State Allowances _____ State Add On _____

Birthdate _____ Hire Date _____ Full-time _____ Accrual Date _____ Review Date _____

Inc. Hrs. Due _____ Holiday Hrs. Due _____ Sick Hrs. Due _____ Multiple C/L Account? _____ Accrual Code _____

Prepared by KW 6/11/14 Verified by KW 6/11/14 Date Submitted to DP 7/4/14
Human Resources Date Human Resources Director Date

DATA PROCESSING USE

Date Rec'd. 6/20/14 Kept by EC 6/20/14 Filed by MC 6/28/14 13

MYROLL INPUT FORM



PLEASE ENTER THE FOLLOWING CHANGE(S) AS OF 07-04-14
DATE

EMPLOYEE NO. 6125 NAME LANE, Norman M. 0037639
LAST, FIRST AND MIDDLE

DRIVER'S LICENSE # _____ ☒ STATUS CHANGE ☐ DEDUCTION CHANGE ☐ OTHER

STATUS CHANGE	Job Title	Grade/Step	Non-Exempt Hourly Rate	Exempt Emp. Weekly Rate
From	Lead Manag. Tech		18.668	
To	(Same)		21.534	

REASON FOR CHANGE

☐ Hire ☐ Transfer ☐ Resignation ☐ Successful 6 Month Review ☐ Successful 12 Month Review (Police Only)
☐ Promotion ☐ Retirement ☐ Merit Increase ☐ HIRE DATE ☐ TERMINATION DATE ☐ MERIT EFFECTIVE DATE
☐ Demotion ☐ Discharge ☐ Cost-of-living Adjustment
☒ Other (reason or explanation) Salary Adj. + 2% COLA

Authorized by _____ Verified by Ked 6/11/14 Approved by JOC 6/12/2014
Department Head Date Human Resources Director Date City Manager Date

DEDUCTION CHANGE(S)

Deduction/Earning Type	Code	Frequency
Amount _____ Limit _____ Starting Date _____ Active Code _____		
Deduction/Earning Type _____ Code _____ Frequency _____		
Amount _____ Limit _____ Starting Date _____ Active Code _____		
Deduction/Earning Type _____ Code _____ Frequency _____		
Amount _____ Limit _____ Starting Date _____ Active Code _____		
Deduction/Earning Type _____ Code _____ Frequency _____		
Amount _____ Limit _____ Starting Date _____ Active Code _____		

I hereby authorize the above amount(s) to be withheld from my salary.

EMPLOYEE SIGNATURE _____ DATE _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

FOR DATA PROCESSING PURPOSES ONLY:

Present Address _____ City _____ State _____

Zip _____ SOC _____ Position _____ GNL _____

Phone _____ Marital Status _____ Retirement # _____ Race Code _____ Sex Code _____

EEO Category _____ EEO Function _____ Class Code _____ Status _____ Pension _____

Grade _____ Employee Type _____ Pay Frequency _____ Hours/Period _____ Regular Rate 21.534 FWT M/S _____

FWT Allowances _____ FWT Add-on _____ SWT M/S/H _____ State Allowances _____ State Add On _____

Birthdate _____ Hire Date _____ Full-time _____ Accrual Date _____ Review Date _____

Hrs. Due _____ Holiday Hrs. Due _____ Sick Hrs. Due _____ Multiple G/L Account? _____ Accrual Code _____

Prepared by Ked 6/11/14 Verified by Ked 6/11/14 Date Submitted to DP 7/4/14
Human Resources Director Date

DATA PROCESSING USE
Date Rec'd. 6/20/14 Case 2:23-cv-00052-FL Document 1-2 Filed 09/11/23 Page 7 of 9

MYROLL INPUT FORM



PLEASE ENTER THE FOLLOWING CHANGE(S) AS OF 07/01/2014
DATE

EMPLOYEE NO. 8342 NAME SHARP, TAMMY MARIE 38055
LAST, FIRST AND MIDDLE

DRIVER'S LICENSE # _____ ☒ STATUS CHANGE ☐ DEDUCTION CHANGE ☐ OTHER

STATUS CHANGE	Job Title	Annual Salary	Bi-Weekly #Hours	Grade/Step	Non-Exempt Hourly Rate	Exempt Emp. Weekly Rate
from	ADMINISTRATIVE	31,811.52		13	15.294	
To	ADMINISTRATIVE	32,447.75		13	15.600	

REASON FOR CHANGE
 _____ Hire _____ Transfer _____ Resignation _____ Successful 6 Month Review _____ Successful 12 Month Review (Police Only)
 _____ Promotion _____ Retirement _____ Merit Increase _____ HIRE DATE _____ TERMINATION DATE _____ MERIT EFFECTIVE DATE
 _____ Demotion _____ Discharge _____ Cost-of-living Adjustment _____
 Other (reason or explanation) 2% COLA

Authorized by _____ Verified by [Signature] 06/27/2014 Approved by _____ 07/01/2014
 Department Head Date Human Resources Director Date City Manager Date
 This PIF has been pre-audited per NCGS 159-28(a). [Signature] 06/27/2014
 Finance Director Date

DEDUCTION CHANGE(S)

Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____

I hereby authorize the above amount(s) to be withheld from my salary.

EMPLOYEE SIGNATURE _____ DATE _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

FOR DATA PROCESSING PURPOSES ONLY:

Present Address _____ City _____ State _____
 Zip _____ SOC. _____ Position _____ GNL# _____
 Phone _____ Marital Status _____ Retirement # _____ Race Code _____ Sex Code _____
 Email Address _____ Cell # _____ Status _____ Pension _____
 Grade _____ Employee Type _____ Pay Frequency _____ Hours/Period _____ Regular Rate 15.600 FWT M/S _____
 FWT Allowances _____ FWT Add-on _____ SWT M/S/H _____ State Allowances _____ State Add On _____
 Birthdate _____ Hire Date _____ Full-time _____ Accrual Date _____ Review Date _____
 /ac. Hrs. Due _____ Holiday Hrs. Due _____ Sick Hrs. Due _____ Multiple G/L Account? _____ Accrual Code _____

Prepared by MSC 06/27/2014 Verified by [Signature] 06/27/2014 Date Submitted to DP 06/27/2014
 Human Resources Director Date

DATA PROCESSING USE
 Date Rec'd. _____ Keyed by [Signature] 6/29/14 Edit by [Signature] 6/29/14 (14)

PAYROLL INPUT FORM



PLEASE ENTER THE FOLLOWING CHANGE(S) AS OF 8/24/2020

DATE

42952

EMPLOYEE NO. 8342

NAME Sharp, Tammy

LAST, FIRST AND MIDDLE

DRIVER'S LICENSE #

☐ STATUS CHANGE

☐ DEDUCTION CHANGE

☐ OTHER

STATUS CHANGE	Job Title	Annual Salary	Bi-Weekly #Hours	Grade/Step	Non-Exempt Hourly Rate	Exempt Emp. Weekly Rate
From	<u>Administrative Assistant</u>				<u>16.80</u>	
To	<u>Electric/Load Mgmt Dept Office Manager</u>				<u>25.00</u>	

REASON FOR CHANGE

☐ Hire ☐ Transfer ☐ Resignation ☐ Successful 6 Month Review ☐ Successful 12 Month Review (Police Only)
☐ Promotion ☐ Retirement ☐ Merit Increase ☐ HIRE DATE ☐ TERMINATION DATE ☐ ELIGIBLE FOR REHIRE ☐ YES ☐ NO
☐ Demotion ☐ Discharge ☐ Cost-of-living Adjustment

Other (reason or explanation) Tammy has been performing additional responsibilities for both departments since 5/1/2014 with no pay increase.

Authorized by [Signature] 8/24/20 Verified by _____ Approved by _____
 Department Head Date Human Resources Director Date Assistant City Manager Date

This PIF has been pre-audited per NCGS 159-28(a). _____ Approved by _____
 Finance Director Date City Manager Date

DEDUCTION CHANGE(S)

Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____
 Deduction/Earning Type _____ Code _____ Frequency _____
 Amount _____ Limit _____ Starting Date _____ Active Code _____

I hereby authorize the above amount(s) to be withheld from my salary.

EMPLOYEE SIGNATURE _____ DATE _____ HUMAN RESOURCES SIGNATURE _____ DATE _____

FOR DATA PROCESSING PURPOSES ONLY:

Present Address _____ City _____ State _____
 Zip _____ SOC. _____ Position _____ GNL# _____
 Phone _____ Marital Status _____ Retirement # _____ Race Code _____ Sex Code _____
 Email Address _____ Cell # _____ Status _____ Pension _____
 Grade _____ Employee Type _____ Pay Frequency _____ Hours/Period _____ Regular Rate _____ FWT M/S _____
 FWT Allowances _____ FWT Add-on _____ SWT M/S/H _____ State Allowances _____ State Add On _____
 Birthdate _____ Hire Date _____ Full-time _____ Accrual Date _____ Review Date _____
 Vac. Hrs. Due _____ Holiday Hrs. Due _____ Sick Hrs. Due _____ Multiple G/L Account? _____ Accrual Code _____

Prepared by _____ Verified by _____ Date Submitted to DP _____
 Human Resources Date Human Resources Director Date

DATA PROCESSING USE

Date Rec'd. _____ Keyed by _____ Edit by _____
 Date Date